

# STATE ACTIVE DUTY PAYROLL SHEET

## PLEASE PRINT

<b>1. CHECK TYPE OF PAYROLL</b> <input type="checkbox"/> 1a. Regular payroll <input type="checkbox"/> 1b. Corrected Form 14 (submit original Form 14) <input type="checkbox"/> 1c. Differential pay (SAD personnel only) <input type="checkbox"/> 1d. Duty without ESAD pay (orders, travel, per diem, etc.) <input type="checkbox"/> 1e. Wildfire pay	<b>2. ORGANIZATION</b> <input type="checkbox"/> Army NG  <input type="checkbox"/> Air NG  <input type="checkbox"/> SMR	<b>3. FULL-TIME EMPLOYMENT STATUS</b> <input type="checkbox"/> AGR <span style="float: right;"><input type="checkbox"/> SAD</span>  <input type="checkbox"/> ADSW <span style="float: right;"><input type="checkbox"/> M-DAY</span>  <input type="checkbox"/> TECH
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<b>4. LAST NAME</b>	<b>FIRST NAME</b>	<b>MI</b>	<b>5. SSN</b>	<b>6. GRADE</b>	<b>7. DUTY ASSIGNMENT TITLE</b>
<b>8. UNIT</b>	<b>9. UNIT CITY</b>	<b>10. MISSION NUMBER</b>		<b>11. INCIDENT/PROJECT ORDER NO.</b>	<b>12. FIRE PAY CODE</b>

13. MONTH	YEAR	INDICATE DAYS OF DUTY WITH AN "X" AND MEALS** AND QUARTERS** BELOW																														TOTAL DAYS
		DATE																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<b>14. DUTY</b>																																
<b>15. MEALS*</b>																																
<b>16. QUARTERS*</b>																																

\* N = NOT ENTITLED    U = PROVIDED BY FIELD VENDOR    P = PER DIEM AUTHORIZED    C = PROVIDED BY COMMERCIAL CONTRACT VENDOR (OTAG Form 37-3)

<b>17. INDIVIDUAL CERTIFICATION</b> I certify that the information on this form is accurate and in compliance with all mandates.	<b>18. CERTIFICATION</b> I certify that the information entered on this form is accurate and in accordance with the instructions. I have examined documents to substantiate all days of duty, and that the individual is a member of the NG/SMR.
<b>SIGNATURE</b> <span style="float: right;"><b>DATE</b></span>	<b>PRINTED NAME</b> <span style="float: right;"><b>TITLE</b></span> <span style="float: right;"><b>RANK</b></span>
<b>CIVILIAN EMPLOYER LETTER?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <small>If YES, complete CIVILIAN EMPLOYER LETTER INFORMATION sheet.</small>	<b>SIGNATURE</b> <span style="float: right;"><b>SSN</b></span> <span style="float: right;"><b>DATE</b></span> <span style="float: right;"><b>PHONE NUMBER</b></span>

<b>19. INDIVIDUAL'S CHECK MAILING ADDRESS</b>				
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>TELEPHONE NUMBER WITH AREA CODE</b>

<b>J1 Review:</b> _____ <div style="text-align: center;">Date/Signature</div> <b>State Personnel:</b> _____ <div style="text-align: center;">Received Date/Signature</div> <b>Schedule #:</b> _____	<b>J3 Certification:</b> _____ <div style="text-align: center;">Date/Signature</div> <b>State Personnel:</b> _____ <div style="text-align: center;">Returned Date/Signature</div> <b>Schedule Date:</b> _____
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**29. WAIVER OF MILITARY PAY IN FAVOR OF CDF/USFS/BLM PAY RATES**

If Block 1B or 1C is checked ( / ), you must waive normal military pay and allowances in order to receive hourly pay rates of the California State Department of Forestry, U.S. Forest Service, or the Bureau of Land Management. Read the statement below, sign and date.

WHEREAS, the undersigned is a member of the California National Guard who holds the rating and grade shown on the reverse and is entitled to pay, allowances and reimbursements as determined by Sections 228, 320 and 321, Military and Veterans Code and the applicable statutes of the State if ordered to perform active state military duty and service, and WHEREAS, the undersigned desires and intends to waive military pay, allowances, and reimbursements during such time he/she is receiving compensation from the State Department of Forestry, the US Forest Service, or the Bureau of Land Management.

NOW THEREFORE, the undersigned for good and valuable consideration had and received in consideration of his/her order and call to active state military duty and service, does hereby voluntarily waive all right to the pay, allowances, and reimbursements of his/her present rating and grade and voluntarily agrees to accept for the performance of active state military duty in the aid of suppression of forest fires and the compensation payable by the Department of Forestry, the US Forest Service, or the Bureau of Land Management when such compensation is received from the State Department of Forestry, the US Forest Service, or the Bureau of Land Management. This waiver is without prejudice to the right of the undersigned to receive pay, allowances, and reimbursements from federal sources by reason of inactive duty as a member of the National Guard of the United States.

SIGNATURE

DATE

**30. WAIVER OF PAY, ALLOWANCES & REIMBURSEMENT FROM THE STATE OF CALIFORNIA OTHER THAN NECESSARY & ACTUAL TRAVEL EXPENSES**

If block 1D is checked ( / ), you must waive all pay, allowances and reimbursement for actual and necessary traveling expenses. Read the statement below, sign and date.

WHEREAS, orders are about to be published by The Adjutant General, California National Guard by which undersigned member of the California National, with his/her consent, will be ordered to special duty with the California National Guard pursuant to Section 324, California Military and Veterans Code, and

WHEREAS, the undersigned, for good and valuable consideration, desired to waive all pay, allowances and reimbursements otherwise payable to him/her for said special duty from the State of California except reimbursement for actual and necessary traveling expenses, but without prejudice to the receipt of pay, allowances from the Federal Government, that may be also payable by reason of the performance of the special duties required by said order provided there is not duplication of payments, and

WHEREAS, the execution of this waiver is a condition precedent to the publication of said order, and said special duty would not have been authorized but for the execution of this instrument, NOW THEREFORE, the undersigned does hereby waive all pay, allowances and reimbursements payable to him/her from the State of California, except reimbursement for actual and necessary traveling expenses, for the performance of any special duty pursuant to said or any order published by The Adjutant General, California National Guard, as a result and by reason of the execution of this waiver. The execution of this instrument shall be without prejudice to the receipt of pay, allowances and reimbursements from the Federal Government that may be also payable by reason of the performance of the special duties required by said order. The receipt of good and valuable consideration for the execution of this waiver is acknowledged by the undersigned.

SIGNATURE

DATE

**ITEM ENTRY INSTRUCTIONS**

**BLOCKS (EXAMPLES)**

**1-4. SELF EXPLANATORY**

5. ENTER GRADE (E4, E7, O-3)
6. WE - MARITAL STATUS AND NO. OF EXEPTIONS (M-2) (S-1)
7. PEBD-PD: ENTER PAY ENTRY BASIC DATE FOR ARNG OR PAY DATE FOR ANG
8. EMPLOYMENT STATUS: CHECK APPROPRIATE BOX. AGR - ATTACH COPY OF SIGNED DA FORM 31. (SEE REVERSE, BLOCK 29) FULL-TIME CNG EMPLOYEES MUST HAVE OTAG EOC AUTHORITY NUMBER.
9. UNIT: ENTER UNIT OF ASSIGNMENT (B-1-143 FA)
10. UNIT CITY: ENTER UNIT CITY LOCATION (WOODLAND)
11. UNIT PRN (N31)
12. MISSION NUMBER: OES/CDF/USFS NUMBER (OES 82-123)
13. LOCATION OF SAD/WILDFIRE MISSION
14. DUTY PERFORMED AT MISSION LOCATION

**15. ENTER MONTH(S) AND YEAR OF DUTY**

MO	Oct	YR	89
MO	Nov	YR	89

**16. DUTY STATUS: UNDER EACH DATE ON SAD, ENTER THE APPROPRIATE CODE FOR STATUS:**

- D - ON SAD STATUS
- W - ON SAD STATUS BUT PAY WAIVED

**17. DUTY HOURS: ENTER REPORTING TIME FIRST DATE OF DUTY: ENTER RELEASE TIME LAST DATE OF DUTY. NOTE: IF BLOCK 1C IS CHECKED, ENTER BEGINNING AND ENDING DUTY HOURS UNDER EACH DATE OF DUTY. (0800/1630)**

**18-20. MEALS: UNDER EACH DATE OF SAD, ENTER THE APPROPRIATE CODE FOR EACH MEAL:**

- N - NOT ENTITLED TO SUBSISTENCE OR ALLOWANCE
- U - MEAL PROVIDED BY UNIT FIELD MESS
- C - MEAL PROVIDED BY COMMERCIAL CONTRACT MESS
- P - PER DIEM AUTHORIZED BY HQ CNG
- B - Basic Allowance for Subsistence (BAS), a monetary allowance when all the above does not apply.

**21. QUARTERS: UNDER EACH DATE OF SAD, ENTER THE APPROPRIATE CODE:**

- U - UNIT BILLETING PROVIDED
- C - COMMERCIAL CONTRACT HOUSING PROVIDED
- P - PER DIEM AUTHORIZED BY HQ CNG
- N - BILLETING NOT REQUIRED

**22. SELF EXPLANATORY**

**23. SELF EXPLANATORY**

**24. INDIVIDUAL TO READ, SIGN WITH LEGIBLE SIGNATURE AND DATE SIGNED.**

**25. TO BE COMPLETED BY THE FINANCE OFFICER IF ADVANCE PAY IS ISSUED.**

**26. EMPLOYER LETTER - ALL MEMBERS REVIEW**

**27. APPROVAL FOR FULL-TIME MEMBERS TO BE PLACED ON SAD/WILDFIRE PAY**

**28. COMMANDER OR MFC MUST READ THIS FORM, SIGN IT LEGIBLY, PRINT HIS/HER SSN, AND DATE IT.**

**29. SELF EXPLANATORY FOR WILDFIRE PAY ONLY**

**30. CLAIM FOR SAD TRAVEL PAY ONLY**